

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 21 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

24752

1. PLACE OF DEATH

County JacksonRegistration District No. 386Township 103Primary Registration District No. 103City Manassas City(No. 103)Hospital Mercy HospitalFile No. 2000Registered No. 2000St. Ward

Ward

2. FULL NAME

Eugene Louis Markham(a) Residence, No. 103 St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Mar. 14 - 1934

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Independence Missouri

FATHER

13. NAME

Ebb Markham

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Barroll County Missouri

MOTHER

15. MAIDEN NAME

Eunice Tolson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Lauder County Missouri

17. INFORMANT (ADDRESS)

Ebb Markham Route 3 Independence

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Burner Mts

DATE

July 24 34

19. UNDERTAKER (ADDRESS)

George C. Bagshaw Independence

20. FILED

7-23-34 M. M. Brown Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 22 1934

22. I HEREBY CERTIFY That I attended deceased from

7-21-34 to 7-22-34I last saw him alive on 7-22-34 19 34 Death is saidto have occurred on the date stated above, at 6:55 P.M.

The principal cause of death and related causes of importance were as follows:

Date of onset

Comp. Bilat. pneumonia
Shaphroecic

Other contributory causes of importance

Bilat. otitis media
Cephalitis r.t. shoulder
Bilat. cervical adenitis

Name of operation

Date of 7-22What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed)

J. J. Montgomery M. D.

(Address)

Prof. J. J. Montgomery



#2

Kansas City.

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

WASHINGTON

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

3350

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Evelyn Louise Markham
Who died at _____ on July - 22 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex 7 Color or race W Single, married, ~~widowed or divorced~~: _____

Date of birth _____ Age: Years _____ Months 4 Days 8

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month 10 Year 1934

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Confluent Bilateral Pneumonia

Staphylococci - Confluent Bilateral Broncho Pneumonia

Other contributory causes of importance _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____

(Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician J. S. Montgomery

Address of physician Missouri

Signature of Registrar M. M. Johnson Date filed 7/23/34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 399

Primary Reg. Dist. No. 1002

E. T. McGaugh, M.D.
Special Agent.

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